Section 3: Social Services: Health Assistance

657 Social services were provided partly by the government, partly by the council and partly by the mission. The services provided by the different organisations were so tightly interlinked and so systematically complemented one another that it will be convenient to present, in the present chapter, the overall system that was operating. This system was a product of government planning, while council and mission made specific contributions in their special areas of competence. In the next chapter, I shall look at these services again, from the viewpoint of general mission objectives.

657 In this interlocking of services, it was the government which 743 met the bulk of the expenditure, as Table 13 clearly shows.[A] On the other hand, over Papua as a whole 60% of the hospitals were conducted by the missions and over one quarter of the aid posts. In the year 1964-1965, in the Northern District, the three administration hospitals had 3,671 admissions and 13,176 out-patients while the corresponding number for mission institutions was 3,286 admissions, 255,460 out-patients. It is therefore clear that the mission contribution to health services in the Territory is, in terms of patients treated, far greater than its budgetary contribution (2% of total expenditure on public health) would suggest. This disproportion is only slightly lessened if we consider the value of grants-in-aid and drugs supplied by the government to mission hospitals. Clearly, it costs a great deal less to treat a patient in a mission than in a government hospital.

743 The Saiho Hospital, which served all Orokaiva territory, was a sprawling settlement of a great many buildings, almost all made of native materials. Only one building, as far as I remember, was in [344] Australian style, with weatherboard walls; this contained the doctor's office, some other administrative offices, and was used for the few non-Papuan out-patients who occasionally called. The wards were all built of bush materials. Although the statistics show 2,500 admissions and 5,000 out-patients per year, there was only one physician at the hospital who at the same time functioned as superintendent and had a heavy administrative burden. He had a small expatriate administrative staff, and a few expatriate nurses. In the beginning of 1967, a second physician, a Papuan woman, joined the staff. The superintendent was also in charge of the training of aid post orderlies. Increasingly, Papuan nurses, trained in a three-year course at Port Moresby, are being used. A substantial number of hospital orderlies are employed.

758 It is not the policy of the hospital to offer ambulance services, 743 so that the village people are expected to make stretchers out of bush materials and carry in their sick. In practise, hospital and administration vehicles will frequently carry sick people to hospital and I have never actually seen the stretchers made. People would certainly know how to do it. Upon arrival, the sick person is interviewed by a hospital orderly; usually he is accompanied by a number of

A [See Cat. 116, p. 218--Analyst]

756 743 government scale in 1965 was $1000-$1800, per annum. The orderlies assisting the AMO received $1 per month. This did not necessarily mean that the AMO lacked the qualifications to get a government job; he could easily have obtained one.

Every day some dozens of people would present themselves with minor and sometimes major ailments. They would be bandaged, given a pill or some other simple treatment. Very sick cases were referred to the hospital; most days, a car would come to the mission station and the AMO could get transport for his patients. The beds were occupied for the more serious cases who could not well go home but who did not need the more specialised treatment of Saiho. The nursing aid never stayed in the hospital overnight but one or two relatives of the patient usually did; if the patient's condition deteriorated, the AMO could always be called over as he lived on the mission station. (See Map XI.)A

743 Inonda was served by one of the medical aid posts which are being built all over the district. This was at Hohota, next to the mission school. Such aid posts are built of milled timber and paid [349] for by the Ngaturu Council; the government may subsidize these posts. The salary of the aid post orderlies, who work on a part time basis, is paid by the Council also, but in 1966, the government paid a 50% subsidy on these. Most of the large resettlement villages (Hohorita, Knipa, Kiorota, etc.) had them, or were getting them, three posts being added in the year 1966. The smaller villages had to share aid posts; thus, there were no plans to build one at Inonda, and people were expected to walk the three miles to Hohota for treatment.

758 743 The standard of aid was not always as high at these posts as it was in Sasembata. Hohorita had much trouble replacing an orderly who had left. Inonda found it difficult to get service; on one occasion when we went to the aid post, we heard, upon arrival that the orderly had just gone to town for the day. On another occasion, he was in his house; he had been hunting, was tired and would not see anybody. This would have been a rare occurrence indeed at Sasembata. The orderlies regarded themselves as part-time employees who chose their own working hours. This would have been reasonable (for average cases) were it not for the distance between Inonda and Hohota. How often will a man walk six miles to collect a single malaria pill? A more serious problem is that the orderlies are not nearly as well trained as the AMO; hence, they can hardly be expected to carry out diagnosis.

755 People were greatly taken with the medical services available; they were not a replacement but an addition to traditional magical practices. When my interpreter was sick he was very pleased to swallow the pills I gave him, but his house was full nonetheless with numerous herbs collected for his complaint and these were being boiled in a pot or otherwise ingested simultaneously with my medicine. The Orokaiva view is that medicine, given for the purpose of curing, will be effective if it is stronger than the sorcerer causing the illness. It has been noticed that this is sometimes the case with Western

A [See Cat. 116, p. End Map 10--Analyst]